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General/Claim

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Policy Query

Policy No.		Date of Accident	15/09/2020 17:25							
Vehicle No.(For Motor)	SLA7381G	Certificate Number								
Search										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5116151140		GARY NEO KAI EN	S9445340B	GPC	drivo CLASSIC	SLA7381G	SLA7381G	14/02/2020	14/03/2021
Continue										

Policy Information

Policy No.	5116151140	Policyholder Name	GARY NEO KAI EN	Policyholder NRIC	S9445340B
Certificate No.					
Address	BLK 509 #06-229 CHOA CHU KANG STREET 51 SINGAPORE 680509				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	14/02/2020	Effective Date	14/02/2020 00:00	Expiry Date	14/03/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	VV INSURANCE AGENCY PTE. LT	Agent Tel.	67913808	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 509 #06-229	Address 2	CHOA CHU KANG STREET 51	Address 3	SINGAPORE 680509
Address 4		Address Type	Singapore address	Post Code	680509
Unit No.		Related Policy Number	5116151140		

Insured Object: SLA7381G

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
Continue Cancel				

Claim Handling

Accident MT/1103581

Policy No.	5116151140	Vehicle No.	SLA7381G	GST Registration No.	
Certificate No.					
Policyholder Name	GARY NEO KAI EN			Policyholder NRIC	S9445340B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	92238266	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	16/09/2020 16:23	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	15/09/2020	Time of Accident hh:mm	17:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 513 WOODLANDS DR 14				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

▼ Policyholder Mailing Address

Address 1	BLK 509 #06-229	Address 2	CHOA CHU KANG STREET 51	Address 3	SINGAPORE 680509
Address 4		Address Type	Singapore address	Post Code	680509
Unit No.		Related Policy Number	5116151140		

▼ OI Driver Info

Driver Name	GARY NEO KAI EN	Driver Type	Main Driver	Driver DOB	01/12/1994
Unnamed driver Name		Driver NRIC	S9445340B	Driving Experience	6
Register Date of Driver License	20/11/2013	Driver Age	25	Contact No.(Home)	0
Contact No.(Mobile)	92238266	Contact No.(Office)	0	Address 3	SINGAPORE 680509
Address 1	BLK 509	Address 2	CHOA CHU KANG STREET 51	Post Code	680509
Address 4		Address Type	Singapore address		
Unit No.	06-229				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	GARY NEO KAI EN	Insured NRIC	S9445340B
Contact No.(Mobile)	92238266	Contact No.(Home)	67110827	Contact No.(Office)	
Email Address	GARYNEOKAIEN@GMAIL.COM	OI Vehicle Number	SLA7381G	TP Vehicle Number	YN7217B
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLA7381G / YN7217B ON 15 Sept 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/09/2020 16:26	Claim Close Date		Date Received	16/09/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1103581	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	16/09/2020 16:28

Path *	Category *	Confidential	Urgency *	Description *

